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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

NONE W.W.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE N.N.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NJ	SHEETS DRAWING 14	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 2
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## TITLE

Auxiliary coding for home networking communication system

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